

Information requested on this form must be typewritten or neatly printed and all questions must be answered. Incomplete, illegible, or altered applications will be rejected. Applicants may reapply by filing a complete application. *Fees are non-refundable and non-transferable to a later exam.*

STATE OF WEST VIRGINIA
BOARD OF PROFESSIONAL SURVEYORS
416 Airport Road, Suite 1, Sutton, West Virginia 26601-9740
Telephone: (304) 765-0315 Fax: (304) 765-0316
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APPLICATION FOR REGISTRATION TO PRACTICE SURVEYING
West Virginia Code 30-13A-8 (Fundamentals of Surveying Exam - FS)

EXPERIENCE REQUIREMENT – (Effective June 10, 2010)

☐ §30-13A-8(e) Began the eight-year experience requirement with Letter of Intent on file with the Board prior to December 31, 2004

1. GENERAL INFORMATION

Date _____ 20 _____

Full Name _____ Social Security No. _____

Usual Written Signature _____ Birth Date _____ Age _____

Birthplace _____ Citizenship _____ Have you ever been convicted of a crime involving moral turpitude? _____

(Mark X in one of the squares to indicate primary address for Board communications)

Home Phone No. _____

☐ Residence Address _____ City _____ State _____ Zip Code _____

☐ Business Name _____ Present Position _____

Address _____ City _____ State _____ Zip Code _____

Telephone No. _____ Fax. _____ Cell No. _____ E-Mail _____

2. REFERENCES OF CHARACTER AND QUALIFICATION

Applicant will list the names and addresses of not fewer than five citizens unrelated to him/her, of whom **at least three must be professional, registered, or licensed surveyors**, preferably in West Virginia, and persons to whom the applicant has reported or with whom he/she has been professionally associated. **Only one reference will be acceptable from the same employer or firm.** No member of the Board will be accepted as a reference.

Applicant will be responsible for asking listed individuals to provide letters of reference directly to the Board and will follow-up to ensure that letters are received by the application deadline.

NAME	MAILING ADDRESS/ZIP CODE	RELATION	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

3. PROFESSIONAL SURVEYING EXPERIENCE

IMPORTANT – READ BEFORE COMPLETING SURVEYING EXPERIENCE

A. Each of the three columns under "time" should be filled out for each engagement. Use zeros where necessary, but do not leave blank spaces, and do not use the word "yes".

B. The time in "Responsible Charge" plus the time in "Technician Level" must equal the time entered under "Total Time" (i.e. Columns 2 and 3 must equal column 1.).

C. Number each engagement and list them in chronological order. Experience must be documented and verified by supervisor(s), on forms provided by the Board. Forms for each engagement must be signed by both applicant and verifier and returned to the Board by the application deadline.

D. **RESPONSIBLE CHARGE** is defined as "direct control of surveying work under the direct supervision of a licensee or person authorized in another state or country to engage in the practice of surveying," *West Virginia Code* 30-13A-3(z), (2010), in order to gather, prepare or analyze data, evidence, or information that will aid and assist the licensed professional in resolving boundaries, or managing data or information regarding work related to the practice of land surveying.

E. **TECHNICIAN** level is defined as work performed under the direction of a crew chief or licensed professional where the responsibility and knowledge requirements are minimal. Primarily this level involves work in a field crew, other than as crew chief, or in the office doing basic drafting or computations.

ALL COLUMNS MUST BE COMPLETED

NUMBER OF ENGAGEMENT	DATE	TITLE OF POSITION NAME OF EMPLOYER LOCATION OF ENGAGEMENT	TIME (YEARS IN DECIMALS TO TENTHS)			NAME OF SUPERIOR OR PERSON TO WHOM APPLICANT REPORTED
	FROM MMYY		(1) Total Time	(2) Responsible Charge	(3) Technician Level	
	TO MMYY					
		TOTAL TIME				

4. EDUCATION

State in chronological order the name and location of each high school or preparatory school, college, university, or technical school attended, the time spent at each, and if a graduate, the year of graduation. Applicant will request an official college or university transcript, to be sent directly to the Board by that institution, to verify surveying degree conferred.

NAME AND LOCATION OF INSTITUTION	YEARS: FROM-TO	DATE GRADUATED	TOTAL TIME	TECHNICAL COURSES	DEGREE RECEIVED
Preparatory Education – High and Private Schools					
Surveying Education – Name of College or University					
Other Higher Education – Name of College or University					
Technical or Vocational Schools – Certificate or Certification Program					

5. INSTRUCTIONS FOR FILING APPLICATION

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS AND THAT ALL REQUESTED DOCUMENTATION IS FURNISHED. Application should be prepared in duplicate; submit one copy to the Board and retain the duplicate. Applicants must ensure that the Board receives reference letters and employment verifications by the **APPLICATION DEADLINE (January 1 for Spring exam & July 1 for Fall exam)**.

Applicants seeking test accommodations under the Americans with Disabilities Act should consult the NCEES website (www.ncees.org). The completed questionnaire and supporting documentation must also be submitted to the NCEES Special Accommodations Coordinator by the application deadline.

Payment of fees shall be by Check or Money Order, payable to the West Virginia Board of Professional Surveyors. Checks returned for insufficient funds will be subject to a \$25 administrative fee and other applicable bank or regulatory charges. Repayment must be paid by cashier's check or money order. *FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO A LATER EXAM.*

6. AFFIDAVITS

STATE OF _____ COUNTY OF _____

Being first duly sworn, I, the applicant named in this application, have read the contents described thereof, and, to the best of my knowledge and belief, the foregoing statements are true in substance and effect and are made in good faith.

West Virginia Code § 48-15-303 requires that each applicant for licensure answer the following questions and certify, under penalty of false swearing, that these answers are true and correct:

Do you have a child support obligation? Yes ☐ No ☐

If yes, does arrearage amount equal or exceed the amount payable for 6 months? Yes ☐ No ☐

Are you the subject of a child-support related subpoena or warrant? Yes ☐ No ☐

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____. My Commission expires _____

Signature of Notary Public

(Notary Seal)

RECORD OF BOARD (This space NOT to be used by Applicant)

Board Action: Approved _____ Denied _____ Date _____

Fundamentals Examination Passed: _____ SI Number _____ Certificate Issued _____
(Date)